MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51		1				
2		1						52		1				
3		1						53		1				
4		1						54		1				
5		1						55		1				
6	1	1						56						
7								57						
8								58						
9								59						
10								60						
11		1						61						
12		1						62						
13		1						63						
14	1	1						64						
15								65						
16								66						
17								67						
18								68						
19		1						69						
20		1						70						
21		1						71						
22		1						72						
23		1						73						
24	1	1						74						
25								75						
26								76						
27								77						
28		1						78						
29		1						79						
30		1						80						
31		1						81						
32		1						82						
33	1							83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47		1						97						
48		1						98						
49		1						99						
50		1						100						
TOTAL IND.	5	↵		↵		↵		TOTAL IND.		↵		↵		↵
TOTAL DEP.	24	←		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	29							TOTAL CLAIMS						

PTO-1260 (3-78) *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE
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